

Professional Credential Services, Inc.

P.O. Box 198689 - Nashville, TN 37219-8689
www.pcshq.com

Examination & Licensure Application for Physical Therapist Assistants For the Massachusetts Board of Allied Health Professionals

**If you have ever held a Massachusetts license as a
Physical Therapist or Physical Therapist Assistant,
please contact the Allied Health Board office at
alliedhealth@state.ma.us for information about, and an
application for reinstatement of your original license.**

The Massachusetts Board of Allied Health Professionals (the Board) has authorized Professional Credential Services (PCS) to process all of its applications for examination and licensure for physical therapy. **Applicants for a license in physical therapy must submit all of their information, as indicated in these instructions, directly to PCS.** The Board is the final authority with respect to issuance of the license.

INSTRUCTIONS

A licensure application is included in this packet. You may register with FSBPT at www.FSBPT.net. The licensure application must be typewritten or printed in blue or black ink. Include all components of the requested information, especially names and addresses of institutions. All documents must have original signatures. All questions on both applications **must** be answered.

REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email.

Toll-free: (877) 887-9727 E-mail: customerservice@pcshq.com

Applicants may register and check examination status at www.FSBPT.net
PCS Staff is available Monday through Friday, 8:00am to 4:30pm., C.S.T.

Please allow three to four weeks for processing of application.

EXAMINATION INFORMATION

Those applicants who have NOT yet taken National Physical Therapy Examination (NPTE) must register at www.FSBPT.net. Upon review of your academic credentials, PCS staff will approve your registration to FSBPT which will send an authorization to test and scheduling instructions directly to you. The applicant has sixty (60) days from the date of receipt of the Authorization to Test Notice to schedule the computerized examination. FSBPT will score the examination, and submit scores to PCS. PCS will notify you of the examination results.

LICENSURE INFORMATION

Applicants for PTA licensure must show proof of passing the National Physical Therapy Examination (NPTE). Official transcripts with degree conferral and documentation of all academic and fieldwork requirements must also be submitted before a license is issued. If a transcript is not available, the CERTIFICATION OF COMPLETION OF EDUCATIONAL REQUIREMENTS form must be submitted with the application. Thereafter, an official transcript **MUST** be forwarded to MA Board of Allied Health Professionals, c/o PCS PT/PTA Coordinator, P.O. Box 198689, Nashville TN, 37219 **within seven (7) business days of degree conferral**. Transcripts must be included in school-sealed envelopes.

Applicants will need to request license verification be sent from all states they have held a license in whether active or inactive. Applicant may register online at www.FSBPT.net to have their Score Transfer electronically sent to PCS.

To obtain more information on-line about PT/PTA examination and licensure requirements, visit:

www.mass.gov/dpl/boards/ah or www.FSBPT.net

FEES FOR EXAMINATION & LICENSURE

Licensure by Examination and Endorsement must submit total payment of **\$226.00**. Payment must be made to PCS by certified check (no personal check), money order, or with a MasterCard or Visa. **FEES SUBMITTED CANNOT BE REFUNDED OR TRANSFERRED.**

FOREIGN-EDUCATED APPLICANTS SEEKING LICENSURE

Applicants for licensure as Physical Therapists who have completed a program in a foreign jurisdiction that has not been accredited (i.e. NOT a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico) shall be required to:

1. Demonstration of Proficiency in English Language

If English is not an applicant's first language, a passing score of 560 or higher on the TOEFL and a passing score of 4.5 or higher on the TWE are required for licensure. Official notice of a passing score must be provided to PCS. For more information, contact TOEFL/TWE Services, PO Box 6151, Princeton, NJ, 08541-6151; tel. (609) 771-7100.

2. Verify Credentials

FCCPT (Foreign Credentialing Commission on Physical Therapy) is the only credential evaluation service approved by the Board:

- a. Educational credentials must be evaluated and found to be equivalent.
- b. Evidence must be provided that the applicant is authorized to practice his specific discipline without restriction in the legal jurisdiction in which the post secondary institution from which the applicant has graduated is located or in the legal jurisdiction in which the applicant is a citizen.

Candidates may contact: FCCPT, 511 Wythe Street, Alexandria, VA, USA 22314

Best point of contact: www.fccpt.org

***Please note: Massachusetts requires FCCPT type 1 evaluation**

MATERIALS TO BE SUBMITTED

If you are applying for LICENSURE BY EXAMINATION:

1. Completed licensure application.
2. Official transcripts or Certificate of Completion only if transcripts have not been conferred; and FCCPT Foreign Evaluation for all Foreign-educated candidates or FCCPT Type 1 Certificate for all applicants trained outside the U.S.
3. Criminal Offender Request Information (CORI) Form
4. Certified check (no personal check) or money order for **\$226.00** made payable to PCS, or a Visa or MasterCard charge authorization for **\$226.00**.

If you are applying for LICENSURE BY ENDORSEMENT:

1. Completed licensure application.
2. Official transcripts or Certificate of Completion, and FCCPT Foreign Evaluation for all Foreign-educated candidates
3. Official verification of licensure status in all states in which you have ever been registered or licensed
4. A report of your score on the NPT Examination (to be submitted directly from FSBPT's Score Transfer Service. You may request your Score Transfer be sent electronically at www.FSBPT.net)
5. Criminal Offender Request Information (CORI) Form
6. Certified check (no personal check) or money order for **\$226.00** made payable to PCS, or a Visa or MasterCard charge authorization for **\$226.00**.

MAIL COMPLETED APPLICATION MATERIALS TO:

***Professional Credential Services, Inc. Attn: PT/PTA Coordinator
P.O. Box 198689 Nashville, TN 37219-8689***

Application for a Massachusetts PTA License

Type of License: Physical Therapist Assistant

Type of Applicant: ☐ Licensure by Examination \$226.00 ☐ Licensure by Reciprocity/Endorsement- \$226.00

A. Biographical Information.

Provide your full name and mailing address. It is very important that this section be completed in full.

First Name Middle Initial Last Name Other (Maiden)

Print your name, as it should appear on your license

Mailing Address and Contact Information

Street or PO Box

City

State

Zip Code

Telephone Number with Area Code

Fax Number

Email address

B. Education.

Provide ALL undergraduate and graduate college/university information, major, degree, and date of graduation, inclusive of your PT/PTA College. If a Certification of Completion of Educational Requirements is initially submitted with this application, please review the Licensure Information section of the application instructions.

Undergraduate College/University	Location	Major	Undergraduate Degree & Date of Graduation
Graduate College/University	Location	Major	Graduate Degree & Date of Graduation

C. NPT/NPTA Examination. You must register at www.FSBPT.net if you have not taken the examination.

Have you taken the NPT Examination? Yes ☐ No ☐ Date Taken: _____
If you have taken the Examination, a score report from the Federation of State Boards of Physical Therapy (FSBPT) is required. You may request an Electronic Score Transfer be sent to PCS at www.FSBPT.net

D. Licensure by Endorsement.

This section is applicable to persons holding a current or lapsed license as a Physical Therapist or Assistant issued by another state. List all states in which you hold or held a license, including Massachusetts. If additional space is needed, please attach a separate sheet.

Have you ever been licensed or are you currently licensed in another state or U.S. jurisdiction?

Yes ☐ No ☐

If yes, please complete the following:

State	License Number	Date Licensed	Current	Lapsed	Revoked/Suspended	Probation

*Please note: If you are applying by reciprocity and are lapsed in any jurisdiction and National Certification you must either:
(a) become current in one of the jurisdictions
(b) or reinstate your National Certification

If you have ever been licensed to practice as a PT or PTA in another state, you must make arrangements with each state to send verification of licensure status, either current or expired, directly to Professional Credential Services (PCS). It is the applicant's responsibility to notify the state and pay any fees required by another licensing state. A copy of your license is NOT acceptable as verification. The verification must have the official state seal.

E. Questions. Answer each of the questions listed. If you answer yes to any, please attach an explanation. All questions must be answered.

	YES	NO
1. Has any disciplinary action been taken against you by a licensing or certification board located in the United States or any country or foreign jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you the subject of pending disciplinary action by any licensing or certification board located in the United States or any country or foreign jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or any country or foreign jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction? If yes, please attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you presently practicing / working as a Physical Therapist or Physical Therapist Assistant? If yes, please state where you are working, including name of business, city and state; when you started; and what your duties include. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been named in a malpractice suit? If yes, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>

F. General Questions – Chapter 66.7. ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION. The

following questions are a sample of the information contained in Massachusetts General Laws, Chapter 112, Sections 23A-23Q and the Rules and Regulations of the Board. The purpose of these questions is to heighten your awareness of the laws and regulations in which you are required to practice.

1. How many support personnel is a physical therapist (PT) allowed to supervise?
 - a. Unlimited
 - b. Not more than four (4) at one time
 - c. One (1) PTA
 - d. As many as the PT determines they can safely supervise to ensure the quality and safety of the care provided
2. The primary responsibility for the care rendered by supportive personnel rest with:
 - a. The supervising physical therapist assistant
 - b. The supervising physical therapist
 - c. The physical therapist compliance officer
 - d. The physical therapy facility owner
3. An applicant for licensure as a physical therapist shall:
 - a. Be a graduate of a three or four year secondary school or has passed a high school equivalency test deemed acceptable by the board
 - b. Be a graduate of an accredited educational program leading to professional qualification in physical therapy and approved by the board
 - c. Have passed an examination administered by the board
 - d. All of the above

4. An applicant for licensure as a physical therapist who graduated from an educational program outside the United States shall provide evidence to the board that
- a. Evidence that the education is substantially equivalent to that of graduates of approved programs in the United States
 - b. Proficiency in the English language, to practice physical therapy
 - c. Evidence of physical therapy licensure outside of the United States
 - d. All of the above
-

5. Designations allowed in the commonwealth are:

- a. SPT or SPTA
 - b. PT or PTA
 - c. DPT
 - d. All of the above
-

6. Under what circumstances may a PTA perform an initial evaluation and develop a PT plan of care

- a. When the supervising PT delegates this activity to him/her
 - b. Initial evaluations and development of plans of care are beyond the scope of practice for the physical therapist assistant
 - c. If the supervising PT is not available to perform the initial evaluation and establish the plan of care
 - d. When he/she does not have a supervising physical therapist
-

7. A physical therapist and physical therapist assistant must renew his/her license

- a. Every two years on his/her birthday
 - b. Every two years on January 31st in even years
 - c. Annually on December 31st in odd years
 - d. Annually on the last day of his/her birthday month
-

8. A PT or PTA who does not renew his/her license by the expiration date can legally continue to practice?

- a. If he/she did not receive a renewal application from the board
 - b. As long as he/she works under the supervision of a fully licensed therapist
 - c. If she/he intends to renew it as soon as they get an opportunity
 - d. No, it is never legal to practice in MA without a current license
-

9. A physical therapy facility license is required if

- a. The facility operates within the Commonwealth and employs physical therapists and/or physical therapist assistants
 - b. A physical therapist is engaged in a solo practice
 - c. The physical therapy practice is regulated by the Mass Department of Public Health
 - d. The physical therapy practice is regulated by the Mass Department of Education
-

10. Every licensed physical therapy facility must have a physical therapist compliance officer (PTCO) who must

- a. Be of good moral character
- b. Notify the board within five(5) business days of ceasing to serve as a PTCO
- c. Notify the board of any known disciplinary actions or criminal convictions against any person having more than ten percent ownership interest, company officers, principals, employees of the facility
- d. All the above

G. Affidavit. By signing this application, the applicant attests that this section has been read and fully understood. The application must be signed by the applicant and in the presence of a Notary Public in order to be processed.

Please be sure to write your date of birth and Social Security Number in numbers 1 and 2.

H. Applicant Signature.

Applicant **MUST** sign in the presence of a Notary Public, and list date of birth.

I. Special Accommodations.

In accordance with the Americans with Disabilities Act, special Accommodations may be provided at the examination site for applicants who qualify.

By my signature below, I certify, under the pains and penalties of perjury, that:

1. I am the applicant named in this application and by date of birth is ____ MM ____ DD ____ YY.
2. My Social Security Number issued by the US Social Security Administration is ____ - ____ - ____ *
3. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Allied Health Professionals to deny, suspend, or revoke a license to practice as a Physical Therapist or Assistant, in accordance with Massachusetts law.
4. I shall abide by the rules and regulations of the Board of Allied Health Professionals, as contained in Chapter 259 of the Code of Massachusetts Regulations.
5. Pursuant to M.G.L.c. 119, s. 51A, and M.G.L.c. 112, s.1A, I understand my obligation to report the abuse or neglect of children.
6. Pursuant to M.G.L.c 62C, s. 49A, to the best of knowledge and belief, I have filed all Massachusetts State income tax returns and paid all taxes required by law.
7. The Massachusetts Board of Registration of Allied Health Professions, Division of Professional Licensure, has been certified by the Criminal History Systems Board for access to all criminal case data. As an applicant for PTA license, I acknowledge a criminal record check may be conducted for any existing criminal case information and that it will not necessarily disqualify me from licensure.
8. I understand that this application is abandoned if requirements for licensure are not met within one (1) year from the date of Board receipt of the application.
9. I understand that all fees are non-refundable and non-transferable.
10. I understand that if I submitted a Certification of Completion in lieu of an official transcript, I must ensure that the Board of Allied Health Professionals receives an official transcript within seven (7) business days of degree conferral. I further acknowledge that failure to do so will cause a delay in renewing my license and/or effectuate disciplinary action.
11. I am aware that under Massachusetts law, physical therapists and physical therapist assistants can only work in licensed or licensed exempt facilities.

Applicant's Signature (signed in the presence of a Notary Public)

*Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth. Accordingly, no application will be PROCESSED without the inclusion of YOUR valid Social SECURITY NUMBER.

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (Applicant's name), proved to me through satisfactory evidence of identification, which were _____ (type of identification presented), to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

____ (Official signature)

____ (Name & commission expiration of Notary)

Affix Seal of
Notary

☐

Check here if you require special Accommodations at the examination site for a disability. Please attach official medical documentation from your health care provider describing your condition. You must also indicate the type of modifications needed.

Professional Credential Services, Inc.

P.O. Box 198689 ~ Nashville, TN 37219-8689 (877) 887-9727

Certification of Completion of Educational Requirements

Licensure applicants for the Commonwealth of Massachusetts who are currently enrolled in an academic program, and whose degree in physical therapy has not yet been conferred, must have the school registrar complete this to be submitted to PCS.

NOTICE TO REGISTRAR: This form is not to be signed, dated or submitted **prior to** completion of academic and clinical requirements by the candidate. Further, the Registrar certifies that the institution will forward an official transcript within seven (7) business days of degree conferral to the Mass. Board of Allied Health Professionals c/o PCS **PT/PTA Coordinator, P.O. Box 198689, Nashville, TN 37219**

TO BE COMPLETED BY REGISTRAR ONLY

Applicant Name

Student ID number

Name of Educational Institution

Degree & Date of Degree Conferral (required)

Street Address

City, State

ZIP Code

Date of Completion of Academic Requirements

Date of Completion of Clinical Requirements

I certify, under penalty of perjury, that the applicant named above has **completed all requirements** and there are no impediments to confer the degree stated above. Upon payment of required fees and permission from the applicant, I certify that an official transcript will be forwarded to the Mass. Board of Allied Health Professionals c/o **PCS PT/PTA Coordinator; P.O. Box 198689, Nashville, TN 37219** within seven (7) business days of degree conferral.

Signature of Registrar

Print Name

**School Seal
(Embossed)**

Date

Telephone Number

Send this completed form in sealed envelope to **PCS, PT/PTA Coordinator, P.O. Box 198689, Nashville, TN 37219**
Send official transcript in sealed envelope to **PCS, PT/PTA Coordinator, P.O. Box 198689, Nashville, TN 37219**

**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN ALLIED HEALTH PROFESSIONS
1000 Washington St. Suite 710
Boston, MA 02118
www.mass.gov/dpl/boards/ah**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

☒ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On

Payment Form

Three payment options are available: Certified Check, Money Order or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below:

- ☐ Certified Check
- ☐ Money Order
- ☐ Credit Card

Authorized payment amount: \$ _____ Please check one: ☐ Visa or ☐ MasterCard

Card Number: _____ - _____ - _____ Exp: _____ / _____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application/Scheduling Form.

Note: This document will be shredded after it has been processed.